

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES & STANDARDS
BUREAU OF CODE SERVICES
ASBESTOS CONTRACTOR/WORKER PROGRAM
P O BOX 816
TRENTON NEW JERSEY 08625-0816

ASBESTOS CONTROL AND LICENSING ACT, N.J.S.A. 34:5A - 32, ET SEQ.

APPLICATION FOR ASBESTOS LICENSE RENEWAL

EACH APPLICANT IS REQUESTED TO VOLUNTARILY PROVIDE HIS OR HER SOCIAL SECURITY NUMBER IN HIS OR HER LICENSE APPLICATION TO ASSIST THE COMMISSIONER IN THE ENFORCEMENT OF THE PROVISIONS OF N.J.S.A. 34:5A - 32 et seq.

EACH SOCIAL SECURITY NUMBER MAY BE USED AS AN IDENTIFIER IN THE COMMISSIONER'S COMPUTERIZED RECORDKEEPING SYSTEM TO AID IN THE PROCESSING OF LICENSE APPLICATIONS.

EACH SOCIAL SECURITY NUMBER COLLECTED SHALL REMAIN CONFIDENTIAL TO THE DEPARTMENT OF COMMUNITY AFFAIRS.

The New Jersey Administrative Code 5:16 for Asbestos Licenses and Permits provides for license renewals under sub-section 4.8 and states:

- (a) When applying for the annual renewal of a license, it shall be necessary to submit a fee of \$1000.00.
- (b) An application for renewal of a license shall not be approved until all outstanding penalties lawfully imposed on the applicant under the Asbestos Control and Licensing Act have been paid.
- (c) When an application for renewal of a license is submitted prior to its date of expiration that license shall continue in effect until the Commissioner of Community Affairs renders a determination on the application.
- (d) An application for renewal of a license that has expired may be treated as an original application.

TYPE OR PRINT LEGIBLY IN INK. ANSWER ALL ITEMS AND PROVIDE DOCUMENTATION WHERE INDICATED ON FORM

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

2. PROVIDE A COPY OF YOUR COMPANY'S **CERTIFICATE OF INCORPORATION** (CORPORATE PAPERS). ALSO SUBMIT A COPY OF YOUR COMPANY'S **STANDING CERTIFICATE** WHICH MAY BE OBTAINED FROM THE NEW JERSEY DEPARTMENT OF TREASURY, OFFICE OF COMMERCIAL RECORDING (TELEPHONE NUMBER 609-292-9292). IF YOUR COMPANY IS OUT OF STATE, YOU **MUST** ALSO SUBMIT A CERTIFICATE OF AUTHORITY TO DO BUSINESS IN NEW JERSEY, OBTAINED FROM THE NEW JERSEY DEPARTMENT OF TREASURY, DIVISION OF REVENUE (TELEPHONE NUMBER 609-292-9292).

COMPANY IS A: _____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL

CORPORATION NUMBER: _____ DATE INCORPORATED: _____

NAME OF STATE YOU ARE INCORPORATED IN: _____

NAME/ADDRESS OF REGISTERED AGENT IN NEW JERSEY:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

3. YOUR COMPANY CONTACT PERSON: _____

YOUR COMPANY BUSINESS TELEPHONE: _____ EXT.: _____
FAX NUMBER: _____

- 4A. PLEASE PROVIDE A RECENTLY DATED DOCUMENT AS **PROOF OF THE FEDERAL EMPLOYER IDENTIFICATION NUMBER** ASSIGNED TO YOUR COMPANY (EG. A RECENT COPY OF A FEDERAL IRS FORM 1120, FORM 8501 OR FORM 8109).

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

- 4B. NEW JERSEY UNEMPLOYMENT INSURANCE REGISTRATION NUMBER: _____

5. HOW LONG IN MONTHS AND YEARS HAS THE COMPANY BEEN IN EXISTENCE OR BEEN OPERATING UNDER ITS CURRENT COMPANY NAME?

YEARS: _____ MONTHS: _____

IF COMPANY NAME HAS CHANGED WITHIN THE PAST 2 YEARS, INDICATE FORMER NAME AND ADDRESS:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

6. IS COMPANY AN AFFILIATE OR A SUBSIDIARY OF ANY OTHER ORGANIZATION? ____ YES ____ NO

IF “YES”, LIST NAME (S) AND ADDRESS (ES) OF RELATED ORGANIZATION (S) AND RELATIONSHIP BELOW (ATTACH ADDITIONAL SHEET (S) IS MORE SPACE IS REQUIRED):

<u>NAME (S)</u>	<u>ADDRESS (ES)</u>	<u>RELATIONSHIP</u>

7. LIST **ALL** OWNERS, PARTNERS, SHAREHOLDERS (10% OR MORE), OFFICERS, AND DIRECTORS OF THE COMPANY (ATTACH ADDITIONAL SHEET (S) IS REQUIRED):

NAME AND HOME ADDRESS	OFFICE/TITLE	SOCIAL SECURITY	%OWNERSHIP	DATE OF BIRTH

8. IF YOU ANSWER “YES” TO ANY OF THE QUESTIONS IN THIS SECTION, YOU **MUST** PROVIDE A DETAILED STATEMENT TO FULLY EXPLAIN THE CIRCUMSTANCES AND ATTACH STATEMENT TO APPLICATION.

WITHIN THE PAST 1 YEAR HAS/IS THE COMPANY OR ANY OF THE PARTIES IDENTIFIED IN SECTION 7:

- A.

BEEN A PARTY IN LITIGATION INVOLVING LAWS GOVERNING HOURS OF LABOR, MINIMUM WAGE STANDARDS, PREVAILING WAGE RATE, CHILD LABOR OR DISCRIMINATION IN WAGES?

_____YES_____NO
- B.

BEEN CHARGED WITH OR CONVICTED OF ANY CRIMINAL OFFENSE, OTHER THAN A MINOR MOTOR VEHICLE VIOLATIONS?

_____YES_____NO
- C.

BEEN SUBJECT TO, OR HAS PENDING, ANY DISCIPLINARY ACTION (S) OR CITATION (S) OR VIOLATION (S) BY AN ADMINISTRATIVE, GOVERNMENTAL, OR REGULATORY AGENCY, INCLUDING, BUT NOT LIMITED TO OSHA, EPA AND DEP?

_____YES_____NO
- D.

NOW SUBJECT TO ANY ORDER RESULTING FROM ANY CRIMINAL, CIVIL OR ADMINISTRATIVE PROCEEDINGS BROUGHT AGAINST SUCH COMPANY, PERSONS, OR PARTIES BY ANY ADMINISTRATIVE, GOVERNMENTAL, OR REGULATORY AGENCY?

_____YES_____NO
- E.

BEEN DENIED ANY LICENSE OR HAD IT SUSPEND OR REVOKED BY ANY ADMINISTRATIVE, GOVERNMENTAL OR REGULATORY AGENCY?

_____YES_____NO
- F.

BEEN INFORMED OF ANY CURRENT OR ON-GOING INVESTIGATION WITH RESPECT TO POSSIBLE VIOLATIONS OF SUCH COMPANY, PERSONS, OR PARTIES OF STATE OR FEDERAL SECURITIES, ANTI-TRUST, OR CRIMINAL LAWS?

_____YES_____NO
- G.

DISBARRED, SUSPENDED, OR DISQUALIFIED FROM CONTRACTING WITH ANY FEDERAL, STATE, OR MUNICIPAL AGENCY?

_____YES_____NO
- H.

A DEFENDANT IN ANY CIVIL OR CRIMINAL LITIGATION?

_____YES_____NO

9. FOR THIS SECTION, THE APPLICANT **MUST** SUBMIT A COPY OF HIS/HER CERTIFICATE OF INSURANCE STIPULATING THE NAME OF THE COMPANY’S INSURANCE CARRIER, THE POLICY NUMBER AND THE POLICY PERIOD UNDER WHICH THE ENTIRE **NEW JERSEY WORKERS’ COMPENSATION** OBLIGATIONS ARE INSURED, **AND** WHICH SPECIFIED THE NJ DEPARTMENT OF COMMUNITY AFFAIRS (ASBESTOS CONTRACTOR/WORKER PROGRAM), AND THE NJ DEPARTMENT OF HEALTH & SENIOR SERVICES, (CONSUMER & ENVIRONMENTAL HEALTH SERVICES), AS CERTIFIED HOLDERS. **WORKER’S COMPENSATION INSURANCE FOR STATES OTHER THAN NEW JERSEY IS NOT ACCEPTABLE.**

10. WITHIN THE PAST 1 YEAR OF THE FILING OF THIS APPLICATION, ACCURATELY INDICATE THE TOTAL NUMBER OF SUCCESSFULLY COMPLETED ASBESTOS ABATEMENT PROJECTS ON WHICH THE COMPANY WAS EMPLOYED AS EITHER A CONTRACTOR OR SUB-CONTRACTOR.
NUMBER OF PROJECTS: _____

PROVIDE A LIST OF ALL NEW JERSEY ASBESTOS ABATEMENT PROJECTS THE COMPANY HAS COMPLETED WITHIN 2 YEARS OF THE FILING TO THIS APPLICATION (ATTACHMENTS MAY BE REQUIRED).

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE (S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE (S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE (S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE (S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

11. IDENTIFY A COMPANY PRINCIPAL OR A COMPANY JOB SUPERVISOR WHO HAS SUCCESSFULLY COMPLETED A “SUPERVISORS TRAINING COURSE” IN ASBESTOS ABATEMENT THAT HAS BEEN CERTIFIED BY THE COMMISSIONER OF HEALTH AND SENIOR SERVICES OF THE STATE OF NEW JERSEY AND HAS BEEN ISSUED A VALID PERFORMANCE PERMIT WITH A **SUPERVISORY** DESIGNATION (SUBMIT A PHOTOCOPY OF THE SUPERVISORY PERMIT).

***NOTE: For items 12 through 20 inclusive, submit ONLY specific changes in your company’s policies and procedure which are different from your previous responses on your prior application for a license. If there are no specific changes, indicate in writing that you will comply with all policies and procedures submitted on your previous company’s application for a license.**

12. **RESPIRATORY PROTECTION**
13. **ADDITIONAL PERSONAL PROTECTIVE EQUIPMENT**
14. **ENGINEERING METHODS AND CONTROLS**
15. **COMPANY EQUIPMENT**
16. **WORK PRACTICES**
17. **DANGER SIGNS AND DANGER LABELS**
18. **WASTE HANDLING AND DISPOSAL**
19. **WORKER ASBESTOS EXPOSURE DATA**
20. **MEDICAL EXAMINATIONS**

21. **APPLICANT STATEMENT – PLEASE READ THE STATEMENT BELOW THOROUGHLY AND MAKE SURE YOU HAVE SIGNED AND DATED THE APPLICATION.**

AS THE RESPONSIBLE APPLICANT-EMPLOYER I UNDERSTAND THAT THE INFORMATION CONTAINED IN THIS APPLICATION FOR LICENSE IS ACCURATE, TRUE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I ALSO UNDERSTAND THAT IS SUCH INFORMATION CONTAINED IN THIS APPLICATION IS FALSE, THAT THE APPLICANT-EMPLOYER IS SUBJECT TO THE PENALTY PROVISIONS OF PUBLIC LAW 1984, CHAPTER 173, AS AMENDED AND SUPPLEMENTED BY PUBLIC LAW 1994, CHAPTER 21.

I ALSO UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO VERIFICATION AND THAT I AGREE TO PROVIDE ANY ADDITIONAL DOCUMENTATION AS REQUIRED. FOR THE SAME PURPOSE I ALSO UNDERSTAND THAT OUTSIDE SOURCES MAY BE CONTACTED AND THAT I DO HEREBY GIVE PERMISSION FOR DISCLOSURE OR ANY INFORMATION WHICH MAY BE NEEDED TO DETERMINE LICENSE APPLICATION VALIDITY AND/OR ELIGIBILITY.

I ALSO UNDERSTAND THAT FAILURE TO PROVIDE FULL AND TIMELY DISCLOSURE OF ANY OF THE REQUESTED OR REQUIRED INFORMATION OR DOCUMENTATION MAY RESULT IN REJECTION OF THIS APPLICATION FOR LICENSE UNDER REVIEW.

I AM AUTHORIZED TO SIGN FOR AND IN BEHALF OF PERSON (S) LISTED UNDER ITEM 7 OF THIS APPLICATION FOR LICENSE.

*** A FEE OF \$1000.00 MUST BE SUBMITTED WITH THIS APPLICATION FOR LICENSE.**
**** A FEE OF \$100.00 MAY BE SUBMITTED FOR EACH ADDITIONAL DUPLICATE REQUESTED.**
*** * * CHECK OR MONEY ORDER PAYABLE TO “TREASURER STATE OF NEW JERSEY”.**

SIGNATURE

NAME AND TITLE (TYPE OR PRINT)

DATE